

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT
Form A
For use by Members, officers, and employees
HAND DELIVERED

LEGISLATIVE RESOURCE CENTER

2013 MAY 15 PM 1:39

(Office HRMS, POLY) REPRESENTATIVES

Name: *David P. Joyce*

Daytime Telephone: _____

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <i>OH</i>	District: <i>14</i>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
Report Type	<input checked="" type="checkbox"/> Annual (May 15, 2013)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Termination Date: _____	

A \$200 penalty shall be assessed against anyone who files more than 30 days late.
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Name _____	Page ____ of ____
------------	-------------------

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

[illegible]

SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

[illegible]

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name _____

Page ____ of ____

BLOCK A Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.

Provide complete names of stocks and mutual funds (do not use ticker symbols.)

For all IRAs and other retirement plans (such as 401(k) plans), provide the value for each asset held in the account that exceeds the reporting thresholds.

For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state.

For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.

Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.

For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.

BLOCK B Value of Asset

Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.

If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."

* This column is for assets held solely by your spouse or dependent child.

BLOCK C Type of Income

Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.

BLOCK D Amount of Income

For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.

* This column is for income generated by assets held solely by your spouse or dependent child.

BLOCK E Transaction

Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

			BLOCK B													BLOCK C												BLOCK D												S (partial)		
SP, DC, JT	SP, DC, JT	SP, DC, JT	None	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Royalties	None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII				
			\$1 - \$1,000																																							
			\$1,001 - \$15,000																																							
			\$15,001 - \$50,000																																							
			\$50,001 - \$100,000																																							
			\$100,001 - \$250,000																																							
			\$250,001 - \$500,000																																							
			\$500,001 - \$1,000,000																																							
			\$1,000,001 - \$5,000,000																																							
			\$5,000,001 - \$25,000,000																																							
			\$25,000,001 - \$50,000,000																																							
			Over \$50,000,000																																							
			Spouse/DC Asset over \$1,000,000*																																							
			NONE																																							
			DIVIDENDS																																							
			RENT																																							
			INTEREST																																							
			CAPITAL GAINS																																							
			EXCEPTED/BLIND TRUST																																							
			TAX-DEFERRED																																							
			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																																							
			None																																							
			\$1 - \$200																																							
			\$201 - \$1,000																																							
			\$1,001 - \$2,500																																							
			\$2,501 - \$5,000																																							
			\$5,001 - \$15,000																																							
			\$15,001 - \$50,000																																							
			\$50,001 - \$100,000																																							
			\$100,001 - \$1,000,000																																							

If only a portion of an asset is sold, please indicate as follows:
(S) (partial)
See below for example.

P, S, E

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name

David P. JD90E

Page

of

BLOCK A		BLOCK B													BLOCK C							BLOCK D												BLOCK E																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
Asset and/or Income Source		Year-End Value of Asset													Type of Income							Amount of Income												Transaction																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
SP, DC, JT		A	B	C	D	E	F	G	H	I	J	K	L	M																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name _____

Page ____ of ____

BLOCK A Asset and/or Income Source		BLOCK B Year-End Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction			
		A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII			
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,000,000*			
SP	Apple																																				
DC	Abbott Labs																																				
JT	Barrick Gold																																				
JT	Apex																																				
JT	Baidu Inc																																				
JT	Amgen Int'l																																				
JT	Pharos Energy																																				
JT	Citrix																																				
JT	CVS Pharmacy																																				
JT	EMC																																				
JT	Express Scripts																																				
JT	Facebook																																				
JT	GE																																				
JT	Gen Holdings																																				
JT	Google																																				
JT	International Exchange																																				
JT	JPMorgan																																				
JT	MET Life																																				
JT	3M																																				
JT	Nike class B																																				
JT	National oil well Vnto																																				

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name _____

Page ____ of ____

BLOCK A		BLOCK B													BLOCK C							BLOCK D												BLOCK E		
Asset and/or Income Source		Year-End Value of Asset													Type of Income							Amount of Income												Transaction		
		A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, E	
③		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*																						
IT	Oceardahl																																			
ST	Quacela																																			
IT	Philip Morris																																			
ST	POTASH Corp																																			
ST	Qualcomm																																			
ST	TARGET																																			
IT	United Health Corp																																			
ST	Wells Fargo																																			
ST	Western Union																																			
ST	PPS GST Trust																																			
ST	MIDCOAST SFL																																			
ST	20400 Oregon Blvd St 850																																			
ST	Cleveland OH 44122																																			
ST	- Metallurgical coke/coal																																			
ST	Healthy Foods LLC																																			
ST	30339 Diamond Hwy S105																																			
ST	Cleveland Ohio																																			
ST	Fidelity Money Mkt																																			
ST	Aston T Fund Small Cap																																			
ST	Touchstone S&P 500 Cap Grn																																			
ST	SPDR S&P MIDCAP																																			

Continuation Sheet (if needed)

Page ____ of ____

This page may be copied if more space is required.

SCHEDULE III—ASSETS AND “UNEARNED” INCOME

Continuation Sheet (if needed)

Name _____

Page ____ of ____

BLOCK A		BLOCK B													BLOCK C							BLOCK D												BLOCK E		
Asset and/or Income Source		Year-End Value of Asset													Type of Income							Amount of Income												Transaction		
SP, DC, JT		A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, E	
		None	\$1 - \$1,000	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,000,000*		
	Tangerine Global Bond					✓										✓				✓																
	Vanguard Small Cap			✓												✓				✓																
	Vanguard Index Div App			✓												✓				✓																
	Vanguard Value Upper			✓												✓				✓																
	Vanguard Growth					✓										✓				✓																
	Vanguard Windsor																																			
	SPDR Sector Industrials															✓				✓																
	SPDR Sector Tech															✓				✓																
	SPDR Sector Trans (AI)															✓				✓																
	RITA M. Joyce IRA - BDA																																			
	Fidelity Asia Pacific																																			
	JP Morgan Alpha Index															✓				✓																
	Touchstone Savings Eq Bond															✓				✓																
	Powershare Multi Sector															✓				✓																
	Vanguard Energy Mkt															✓				✓																
	Bancroft PLC Index															✓				✓																
	ESG Energy Mkt															✓				✓																
	ESG EAFE Index															✓				✓																
	Vanguard Energy Mkt															✓				✓																
	ESG Australia															✓				✓																
	ESG Canada															✓				✓																

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name _____

Page ____ of ____

BLOCK A		BLOCK B													BLOCK C							BLOCK D												BLOCK E			
Asset and/or Income Source		Year-End Value of Asset													Type of Income							Amount of Income												Transaction			
SP, DC, JT	(b)	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	F, S, E		
	Fidelity Floating Rate																																				
	SPDR Gold																																				
	ETFs Pioneer, Mutual																																				
	TSI Chase Russell Value																																				
	TSI Chase Russell Growth																																				
	SPDR Barclays High Yield																																				
	Dividend Plus Income Trust																																				
	SPDR S&P MidCap																																				
	SP Roth IRA																																				
	SP FTRXX Fidelity Cash																																				
	SP Fidelity Freedom																																				
	SP VHY403 FID Freedom 2030																																				
	BT 60 month 5% Note																																				

Page 2

* This column is for assets solely held by your spouse or dependent child.

Asset	
SP, DC, JT	
SP	Example: Mega Corporation Common Stock (partial sale)

[illegible]

SCHEDULE V— LIABILITIES

Name _____

Page ____ of ____

Report liabilities of over \$10,000 owed to any one creditor **at any time** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report **revolving charge accounts** (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. *This column is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Liability Over \$1,000,000*
Example:	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X							
	Parkview Savings		Mortgage on 9652 Rustic				X							
			St. Novich off											
	Fifth Third Bank		Mtg on 2434 19th Ave				X							
			Leas Beach FL											

SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
N/A		

Page ____ of ____

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

This page may be copied if more space is required.

SCHEDULE VIII—POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Director	Georgia County Blue Coats Inc. (uncompensated)
Director	Vital Alert Communication (terminated by resignation 11/1/13)
Partner	Leapers by the Falls
Partner	Mind-Body Healthy
Partner	Healthy Foods LLC

SCHEDULE IX—AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
Jan 1980	Myself and ODECS	Leave of Absence for service in State of Ohio

Name _____

Page ____ of ____